

Intoxicated ER Patient, Stroke: Court Sees EMTALA Violations.

The patient was transported to the hospital's emergency department at 1:30 a.m. The nurses had seen her there many times before acutely intoxicated.

A quick once-over led to the conclusion the patient was heavily intoxicated but arousable and in no acute distress. She was checked upon twice during the night.

At 7:00 a.m. it was decided she had sobered up enough to leave. She could move all her extremities, was awake and responsive but drowsy and had requested food. She was discharged at 7:18 a.m.

However, she was not able to walk out of the emergency department by herself. Her gait was unsteady and she stumbled. She had to be readmitted at 7:43 a.m. At that time the first blood alcohol drawn at the hospital came back at .261.

Throughout the morning her condition deteriorated. She started having problems speaking and walking. Nevertheless, no lab work or diagnostic testing was done.

Then at 3:15 a.m. the next morning the patient began moaning loudly. A head CT and blood alcohol finally were ordered at 4:30 a.m. The CT showed she had had a stroke. Her blood alcohol was zero.

She died in the hospital three days later. The autopsy fixed the cause of death as vascular thromboses of the left internal carotid and left middle cerebral arteries.

Family's Lawsuit Alleges Malpractice, EMTALA Violations

The US District Court for the District of Connecticut saw grounds for the family to sue claiming the hospital violated the US Emergency Medical Treatment and Active Labor Act (EMTALA) by failing to screen and stabilize the patient.

Hospital personnel basically just assumed the patient had come in again just for acute alcohol intoxication, a judgment based only on a cursory once-over and no lab work or diagnostic testing.

The patient was not stabilized before being discharged. She had to be quickly readmitted because she could not even walk out under her own steam. Not until she was readmitted hours after first presenting was one simple lab value obtained, further proof of substandard screening. **Grenier v. Stamford**, 2015 WL 5722725 (D. Conn., September 29, 2015).

The nurses knew this patient had a past history of coming to this ER highly intoxicated and then leaving after she sobered up.

This time she died in the hospital.

Based on the fact she had been seen multiple times before for simple acute alcohol intoxication it was assumed that that was all that was going on this time.

She was given only a cursory screening exam and no stabilizing treatment.

Then twenty-seven hours after she first presented in the ER a head CT scan showed she had had a stroke. Her blood alcohol by that time was zero.

The US Emergency Medical Treatment and Active Labor Act (EMTALA) guarantees every individual who requests treatment in a hospital emergency department an appropriate medical screening examination and necessary stabilizing treatment within the capabilities of the hospital's emergency department.

An appropriate screening examination is one that conforms with the standard examination and testing provided to patients with the same or similar presenting symptoms.

UNITED STATES DISTRICT COURT
CONNECTICUT
September 29, 2015

Emergency Room: Court Faults Nurse For Inadequate Monitoring.

The patient was taken to the emergency department at a level-one trauma center after a fall from a ladder at work.

One of the paramedics who transported him reported to the ER personnel that she believed the patient was in shock.

The patient arrived at 5:21 p.m. and died at approximately 10:00 p.m. with a transected aorta that went undiagnosed in the emergency department.

The emergency department nurse testified the vital signs she obtained at 8:40 p.m. included a BP of 120/78 and a pulse of 82.

However, she charted at that time only that the patient's lungs were clear and that his O₂ sat was 96% on 100% O₂ through a non-rebreather mask.

She testified she jotted down the normal BP and pulse on a piece of scrap paper and then recorded them in the chart the next day after another nurse pointed out that her vital signs were missing.

SUPERIOR COURT OF NEW JERSEY
APPELLATE DIVISION
October 20, 2015

The Superior Court of New Jersey, Appellate Division, overruled the lower court's dismissal of the case against the hospital, two ER nurses and the ER physician, and ordered a new trial.

The Appellate Division saw grounds for a lawsuit alleging that substandard nursing monitoring of the patient and incompetent medical diagnosis prevented the patient from getting prompt emergency vascular surgery that could have saved his life. **Lauckhardt v. Jeges**, 2015 WL 6132987 (N.J. App., October 20, 2015).